

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2							52					
3		-					53					
4		-					54					
5		-					55					
6		-					56					
7							57					
8			-				58					
9			-				59					
10			-				60					
11			-				61					
12			-				62					
13			-				63					
14			-				64					
15			-				65					
16			-				66					
17			-				67					
18			-				68					
19			-				69					
20			-				70					
21							71					
22			-				72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
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34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	3						TOTAL IND.					
TOTAL DEP.	17						TOTAL DEP.					
TOTAL CLAIMS	20						TOTAL CLAIMS					